Bulletin of Anomalous Experience

(Formerly "Ratchet Patrol")

A Networking Newsletter about the UFO "Abduction" Phenomenon and Related Issues for Interested Scientists

Volume 1, Number 4 **May 1990**

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Editor's Corner

In Search of a Name

A split decision so far on Bulletin of Anomalous Experience. Jennie Zeidman writes,

To me, Bulletin of Anomalous Experience doesn't quite have it. I guess I'll always think of it as Ratchet Patrol (you must admit it does have a certaine finesse!). My second choice is AbNews -- because eventually I hope we will have an AbCON.

On the other hand, John Miller says

I would agree with some readers that a new name would be in order. Somehow Ratchet Patrol sounds too "high school" to me. After all, we are trying to deal with a serious problem. I could suggest Abduction Research and Treatment Forum or Abduction Research Newsforum. Whatever the name I plan to participate.

Maralyn Teare says

I like the name change to the Bulletin of Anomalous Experience. This broadens the umbrella so that alternative views have a forum.

We'll run with Bulletin of Anomalous Experience for the next few issues until all the votes are in.

Question of the Month

Here is a question to think about, and maybe jot down a couple of lines to send to me. What is your current state of interest and involvement with the "abduction" issue? How has it changed over the last year? And where do you see it going in the next twelve months?

And I thought Canadians were a passive bunch!

Last time I printed an excerpt from Ken Ring's article in New Realities, suggesting that UFO encounters and abduction experiences may actually be "border phenomenon" produced by an interaction between our realm and a so-called "imaginal" realm. I had expected this to stimulate more conversation than it did.

Sure, we all have busy schedules. But think of the hundreds of dollars you're saving each month on airfare and hotel for conferences -- simply by reading BAE! In fact, with this fourth issue you've probably saved enough already to buy yourself a nice present. So go ahead. You deserve it. No, really!

But first, participate in our own movable feast. Find a piece of paper and a writing implement. Then write me! Tell me what's on your mind.

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Membership Guidelines

Our policy:

This newsletter is intended for mental health professionals, UFOlogists, scientists of all disciplines,and legislators/policymakers. Since this is supposed to be a scientific analysis (in the best sense of the word "scientific" - collecting data, forming and testing hypotheses), participants should be able to bring some skill or knowledge to the group that will enhance this effort. Interest in the UFO or abductee issue alone is not sufficient to gain membership.

Our subscription rates:

(to partially defray postage and reproduction costs)
$1 for a sample issue; $20 for a one-year subscription.

Expanding our readership:

Is there someone who fits our policy, whom you think should be getting their own copy of BAE? A therapist working with abductees, or a scientist of any discipline with an interest in this area? I'd be happy to send them a sample copy, and information on participating.

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Networking

Each member is invited to send me a short bio describing their background, training, current work, personal views on the issues, and anything else they think appropriate. This will help increase the networking potential and sense of community among the various disciplines that we hope to bring into the work.

Here are this month's biographical sketches. Collect them! Trade them!

John G. Miller, M.D.
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I am a Board Certified Emergency Physician presently practicing at a busy suburban hospital in Southern California.

I did my undergraduate B.S. degree at Memphis State U. with majors in both Biology and Physical Science. I graduated from Baylor College of Medicine in 1973. I was an Internal Medicine Intern at L.A. County U.S.C. Medical Center. I completed a Residency in Radiation Oncology at L.A.C.U.S.C. I later changed specialties to Emergency Medicine and became Board Certified in that specialty in 1985.

I became interested in the abduction phenomenon when I read Budd Hopkins' book INTRUDERS. I became personally involved in the investigation of abduction cases when a friend and fellow physician asked me to evaluate two individuals with abduction histories recalled without hypnosis. These initial two cases led to several more cases and soon I was seriously involved in the effort to undertand this problem.

As a non-psychiatrically trained medical practitioner I have found three roles I can play in these cases:

- I can provide assistance to abductees in terms of exploring their consciously recalled experiences and addressing the purely medical questions they bring up.
- I can assist other health care professionals who are working with abductees.
- I can provide assistance to non-medical Ufologists in addressing the medical questions they raise.

I do not charge any fees for the work that I do in relation to abduction cass. I do not establish a formal "Doctor-Patient" relationship with individuals who report abduction experiences, since I have no formal therapy to offer them. I respect the right of other health care professionals to charge fees for their services, especially when a formal, ongoing therapeutic situation is involved.

I have no firmly help opinions as to the causes of the abduction phenomenon. I see it as a "syndrome" of unknown etiology. If we are ever able to fully understand this syndrome, somebody's knowledge will be enhanced.

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B.A. Ohio State University (English, Technical Writing) 1953; post-grad credits in sociology, psychology, political science, and cross-cultural communication. Writer, editor, investigator, analyst. Two years intensive interaction with Indochinese cultures. Five years research assistant, OSU Research Foundation (Dept. of Medicine/Psychiatry). Presently the only person on the boards of directors of both the Mutual UFO Network (MUFON) and the J. Allen Hynek Center for UFO Studies (CUFOS).

In my senior year at OSU I elected an astronomy course taught by J. Allen Hynek. The rest, as they say, is history. The class went on a field trip -- and saw a UFO. By next day I had solved the case (a KC-97 on a night refueling mission), which set me apart from the other 86 students in the class. Next quarter I T.A.'d the course, became a research assistant in the OSU Physics and Astronomy Dept., and then Hynek's technical assistant in his Project Blue Book consultancy. I remained associated with Hynek until his death in 1986, serving as an editorial consultant during his writing of THE UFO EXPERIENCE (1972) and becoming a charter member and research associate of his Center for UFO Studies in 1973. During the interim I was associated with the Battelle Memorial Institute group which produced the (in)famous Blue Book Special Report #14 -- a story which has yet to be fully told.

When I first became involved in ufology in 1953 I was sure that all reported events could be explained in terms of already understood and identified phenomena; the only requirements were better investigations and better analysis. The sheer weight of the evidence, building case by case over the years, my personal involvement in interviewing dozens of witnesses throughout the world, and my knowledge of the history and philosophy of science gradually changed my mind.

I am convinced now of the reality and probably great significance of UFO phenomena. The work of Hopkins, Jacobs, et al, indicate that an effort of highest quality should be mounted to define and research the behavioral aspects of these experiences. Thwarted by the establishment and by limited finances, it remains for credible researchers to cooperate in the pursuit of these mysteries. History will show that we were on the cutting edge.

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What Are The Questions?

John Miller, M.D. sent along the following, which represent his approach to the abduction issue.

1. Is a "disease model" a helpful concept for evaluating the abduction phenomenon?

Without wishing to "over medicalize" the problem, I think the disease model is the best conceptual framework available to me to help me approach the abduction experience problem. The disease model approach opens the bag of tools that physicians have traditionally used to help their patients. Additionally, labelling the abduction problem as a disease or syndrome -- admittedly of unknown etiology -- should gradually aid our efforts to expose these "hidden events" to the medical community at large for open discussion and research. A disease model and label should make this problem more acceptable to the medical community and later to the general public.

There are disadvantages to the disease model. For me, the main disadvantage to the use of the disease model is that we may prematurely discard other possibly fruitful conceptual frameworks. At present I am willing to run this risk. There is also the risk of overly stigmatizing persons who have undergone UFO abduction experience. I have met some abductees who simply refuse to function as a "victim" and I find this a healthy attitude. I don't want to create victims by my approach to their problems.

Budd Hopkins has expressed concern about "overmedicalization" of the problem. Among legitimate practitioners, I don't perceive this as a serious problem. I'd like to point out, however, that medicalization does open the door to quackery and exploitation of experiences by unscrupulous individuals. This remains a major concern for me.

2. Having chosen the disease model, have we gotten the right name?

I think Rima Laibow's "Experienced Anomalous Trauma" (EAT) is excellent, but I find myself wishing she had added "Syndrome" to it (EATS).

I think what we are seeing is a syndrome or "a running together" of a number of characteristic symptoms and, at times, some physical signs that collectively characterize this condition.

Doctors are comfortable with syndromes, even if we don't know their cause. The history of medicine is replete with diseases that started out as syndromes of unknown origin. It often took decades or even centuries to find their causes. We still have lots of poorly understood syndromes.

Alternatively, could we give this ailment an innocuous sounding eponym such as "Hopkins Syndrome" or "Hopkins-Hill Syndrome?"

3. What are the defining characteristics of this syndrome or disease?

What features define a UFO abduction case vs. some other type of experience? How do we distinguish a contactee from an abductee? UFO contactees seem to be a distinct group when compared with abductees.

David Jacobs mentioned at the TREAT conference that he has a set of questions that he asks possible abductees in his initial interview to try to determine if an individual may be an abductee. I hve often wondered what these questions are. Jo Stone mentioned to me in a phone conversation that in her work it became necessary to establish criteria for distinguishing a true abductee from someone who is reporting some other kind of experience. She had three criteria. An individual had to meet at least one of the three. They were:

1. A definite period of missing time.
2. Conscious recollections of alien beings.
3. Dreams of UFO's/aliens that the person cannot separate from reality.

Jo mentioned that the third criteria is somewhat questionable. Could we use criteria such as these to distinguish an abductee from a person who has had some other problem?

4. What are the epidemiologic features of the Experienced Anomalous Trauma Syndrome?

We need the help of individuals trained in epidemiology and public health. We need ways of more accurately determining such things as incidence, incidence rate, prevalence, prevalence rate, age, sex, and geographic distributiojn. Once these are determined we could try to find out if the problem is stable over time or if it has changed with time.

Perhaps epidemiologists could help us with methods of case finding. I doubt that our present haphazard word-of-mouth case finding method is the best that can be done.

5. Can we devise overall standards for reporting cases among ourselves?

6. Are there useful ways of cateogrizing our cases to facilitate study and treatment?

7. What is the natural history of this syndrome?

8. Can risk factors for development of this syndrome be identified?

9. What host factors are involved in ths syndrome?

I feel that psychologic studies of abductees represent one form of host factor evaluation. Other host factor parameters could be investigated.

10. What differential diagnosis can be devised for this syndrome?

11. How do we get help from "Ufologists" and the field of "Ufology" without allowing them to harm us or our patients?

This is a serious problem. Although there are many objective and careful Ufologists, there seem to be many more Ufologists who indulge in fear mongering, have fixed ideas, and are willing to pass on wild and unproven rumors. The abductee who is desperately trying to make sense of his experiences can be harmed by the fearful rumor mongering of the "UFO community" at large. One of the great dangers to an abductee, especially one with ongoing experiences, is to become overwhelmed by it all and become unable to function in life or even to become overtly self-destructive. I've had to deal with this problem a number of times.

12. What role or function can a non-psychiatrically trained medical practitioner play in a case?

In my own workk, I have been able to provide significant assistance in a number of cases. That assistance has generally taken one of three forms:

1. Direct assistance to abductees in terms of exploring of their consciously recalled experiences and addressing the purely meical questions that they bring up. At times I have been able to direct an abductee to sympathetic formal psychological help.
2. Assistance to other health professionals who are working with abductees. This is a consultant role.
3. Assistance to non-medical Ufologists in addressing the medical questions they raise. I wish to work as closely as possible with legitimate, rational Ufologists.

13. Is there data pertinent to EAT syndrome hidden within the literature or experience of our colleagues in other medical specialties?

Is evidence accumulating in "unexpected places? Specific examples: Are radiologist seeing anomalous foreign bodies on xrays, CAT scans or MRI scans? Are gynecologists seeing the "missing baby syndrome?" Is "missing baby syndrome" a real phenomenon at all?

14. How can we best define the extent and types of medical problems that occur within the abductee population?

15. Do abductees have any especially frequent medical problems?

16. What medical problems do the abductees themselves attribute to their abduction experiences?

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Conference News

The MUFON 1990 International UFO Symposium is being held this July in Pensacola, Florida. I mention this for two reasons. First, there will be a number of speakers on the abduction issue. Second, I will be one of them (blush!).

Below are some of the topics on the program. I will provide you with a report on the conference later this summer.

UFOs, Extraterrestrials and the New Science
Brian T. O'Leary, Ph.D., Astronomer and Author

Who Speaks for the Witness? Medical and Ethical Issues in Abduction Research.
David A. Gotlib, M.D.

UFO Abductions in the Gulf Breeze, Florida Area
Budd Hopkins, Author and Painter

On Mass Panic and Other Favorite Myths
Robert L. Hall, Ph.D., Sociologist

Experienced Anomalous Trauma: New Directions
Rima E. Laibow, M.D., Psychiatrist

ET Contact: The Religious Dimension
Dr. Barry H. Downing, Author and Minister

The Differences Between Perceptions of Ufology in America and Europe
John L. Spencer, Author and Researcher, Harpenden, England

New Revelations from Roswell
Donald R. Schmitt, MUFON Wisconsin State Director and CUFOS Director

The Fyffe Alabama Experience
Carey H. Baker, Publisher

The Gulf Breeze Sightings
Ed and Frances Walters

The Rainbow Declaration and Human Destiny in the Cosmos
John Brandenburg, Ph.D., Physicist

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Deadline for contributions to next issue is June 15